

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

10/518771

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1					51		41				
2		1					52		14				
3		1					53						
4		1					54						
5		14					55						
6		41					56						
7		14					57						
8		41					58						
9		14					59						
10		41					60						
11		14					61						
12		41					62						
13		14					63						
14		41					64						
15		14					65						
16		41					66						
17		13					67						
18		31					68						
19		1					69						
20		14					70						
21		41					71						
22		14					72						
23		41					73						
24		14					74						
25		41					75						
26		14					76						
27		41					77						
28		14					78						
29		41					79						
30		14					80						
31		41					81						
32		14					82						
33		41					83						
34		14					84						
35		41					85						
36		14					86						
37		41					87						
38		14					88						
39		41					89						
40		1					90						
41		14					91						
42		41					92						
43		14					93						
44		31					94						
45		1					95						
46		41					96						
47		14					97						
48		21					98						
49		12					99						
50		1					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS							TOTAL CLAIMS						